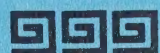


41.  
SCIENCE & MEDICINE DEPT.

A  
BRIEF  
Concerning  
BILL 163

An Act respecting Medical Services Insurance

Submitted To  
THE MEDICAL SERVICES INSURANCE ENQUIRY  
By  
THE COLLEGE OF OPTOMETRISTS OF ONTARIO



November, 1963







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# COLLEGE OF OPTOMETRISTS OF ONTARIO

140 SAINT GEORGE STREET  
TORONTO 5, ONTARIO

November 26th, 1963

Dr. J. Gerald Hagey, Chairman,  
Medical Services Insurance Enquiry,  
Room 418,  
67 College Street,  
Toronto 1, Ontario.

Dear Dr. Hagey:-

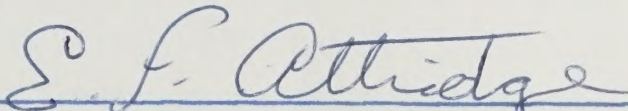
The undersigned members of the Board of Directors of the College of Optometrists of Ontario, on behalf of its members, take pleasure in presenting this Brief to you and to the Medical Services Insurance Enquiry.

This College feels most strongly that the proposed legislation is of great significance, perhaps, of greater significance than first considerations might indicate or lead one to believe. This particular legislation is not an isolated event nor should it be considered as one for its effects are both far-reaching and widespread.

The profession of optometry publicly stated its position concerning health care at the Hearings of the Royal Commission on Health Services and, at the same time, endorsed the principle of prepaid health programs.

The purpose of this Brief may be stated simply. To discuss constructively important limitations and inequities contained in the provisions of the Act, and their adverse effects upon the public welfare and the profession. And, further to recommend the action needed and the amendments required whereby the goal set by the Bill for itself may be achieved.

It is with these considerations in mind and in this spirit of achievement that the Brief of the College of Optometrists of Ontario is respectfully submitted.



E.F. Attridge, President, Toronto (Central Electoral District)

T.R. Bobier, Vice-President, Barrie (Northern Electoral District)  
Robert Thomson, Treasurer, Hamilton (Western Electoral District)  
Irving Baker, Member, Toronto (Central Electoral District)  
G.M. Belanger, Member, Ottawa (Eastern Electoral District)





## KASABY

1. The College of Optometrists of Ontario is the legal entity created by the Optometrists Act, whose responsibilities include the following: the regulation of the members of the profession of optometry, and the education and training of its practitioners.

Parliament  
of Ontario

2. The purpose of the proposed Bill is to amend the Optometrists Act, 1967, to provide for the following:

Optometrists  
Act

3. The Board of Directors of the College of Optometrists of Ontario is pleased to have the opportunity to present this brief on behalf of the members of the College. The attention of the Committee is respectfully directed to this material, which constitutes the considered opinion of the College in respect to Bill 163 and in particular to the parts of the Bill which have a direct bearing on the profession of optometry and the visual welfare of the people of Ontario.

Association  
of  
Optometrists

4. It is the policy of the College to support the proposed Bill in the interests of the profession of optometry.

Number of  
Optometrists

The brief presents definite recommendations to improve the proposed Bill in keeping with the purposes and the needs which such legislation seeks to satisfy.

5. The College is a non-profit organization and its primary purpose is to serve the public interest by regulating the profession of optometry and by promoting the highest standards of professional conduct and performance of its members.

Number of  
Optometrists  
Patients

6. The College is a significant contributor to the maintenance of the highest standards of professional conduct and performance of its members.

Costs Incurred

7. The College has provided a comprehensive program of continuing education and research in the field of optometry, and has also provided a program of research in the field of optometry. The College has also provided a program of research in the field of optometry. The College has also provided a program of research in the field of optometry. All are now a matter of public record.

College's  
Further  
Stated  
Previously





## P R E A M B L E

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|---|---|
| 1. The College of Optometrists of Ontario is the legal entity created by the Optometry Act whose responsibilities include the licensing and disciplining of the members of the profession of optometry, and the education and training of its practitioners.  | Purpose<br>of<br>College                      |
| 2. The practice of the profession of optometry is defined by the Optometry Act, R.S.O. 1961-62, Chapter 101.  | Optometry<br>Act                              |
| 3. The profession of optometry thus recognized by the Legislature of the Province of Ontario has been governed by its own legal statute since 1919. Optometry, like dentistry, pharmacy and medicine, is one of the few professions within the health care field which has such legislative recognition or which has had it for so many years. This is equally true in the other Provinces of Canada. | Recognition<br>of<br>Optometry                |
| 4. In January, 1963, there were 553 members of The College of Optometrists of Ontario. <sup>1</sup>   | Number of<br>Optometrists                     |
| 5. The Canadian Association of Optometrists survey during 1961 indicated that more than six hundred thousand patients are seen annually by Ontario optometrists and that at least one and three-quarter million persons within the Province are patients of optometrists. <sup>2</sup>  | Number of<br>Optometrists'<br>Patients        |
| 6. This represents a significant contribution to the "maintenance of the physical and material well-being of the people of Ontario."  | Contribution                                  |
| 7. The College's position on prepaid comprehensive health care services insurance was presented in May, 1962 to the Royal Commission on Health Services in Canada. Briefs on this subject were also presented by The Optometrical Association of Ontario and the Canadian Association of Optometrists. All are now a matter of public record.   | College's<br>Position<br>Stated<br>Previously |

# PREAMBLE

1. The College of Optometrists of Ontario is the legal entity created by the Optometry Act whose responsibilities include the licensing and disciplining of the members of the profession of optometry, and the education and training of its practitioners.

2. The practice of the profession of optometry is defined by the Optometry Act, R.S.O. 1951-62, Chapter 104.

3. The profession of optometry, thus recognized by the Legislature of the Province of Ontario, has been governed by its own legal statute since 1918. Optometry, like dentistry, pharmacy and medicine, is one of the few professions within the health care field which has such legislative recognition.

4. In January, 1953, there were 553 members of The College of Optometrists of Ontario. The Canadian Association of Optometrists survey carried out in 1951 indicated that more than six hundred thousand patients are seen annually by Ontario optometrists and that at least one and three-quarter million persons within the Province are patients of optometrists.<sup>2</sup>

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7. The College's position on prepaid comprehensive health care services insurance was presented in May, 1952 to the Royal Commission on Health Services in Canada. Briefs on this subject were also presented by The Optometrical Association of Ontario and the Canadian Association of Optometrists. All are now a matter of public record.



# BILL 163

8. Bill 163, "An Act respecting Medical Services Insurance", may be regarded as an attempt to provide for the welfare and health care of Ontario residents. It is designed to make a standardized plan available to all segments of the population. With this principle the College has no quarrel. Purpose of Bill 163
9. However, the Board would point out that Bill 163 has been referred to as "An Act respecting Medical Services Insurance". This title is a misnomer. "Medical Services" as outlined in Bill 163 include a variety of services which may be provided by practitioners other than physicians. There are many services provided for in the Bill which are performed regularly by other duly qualified and licensed practitioners. Misnomer
10. It is obvious that the services covered by Bill 163 are not exclusively 'medical' services but rather health services some of which are provided routinely by professions other than medicine. Health Services
11. In fact, it would be impossible to limit the provisions of Bill 163 to those services which are normally provided exclusively by physicians without seriously circumscribing the extent of the benefits and thus defeating the intent of the legislation. Purpose of Legislation Defeated by Limitations
12. On the other hand, if such services are included but available only from physicians, the rights of other duly qualified practitioners and the right of the public to free choice of practitioner would be unconscionably violated. Violation of Rights
13. The conclusion is inescapable that Bill 163 provides health care benefits and as such requires the participation and co-operation of health care professions. Cooperation of Health Care Professions Required







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| <p>14. Prepaid health insurance plans have brought into existence new, large third-party organizations. As it happens, the third-party organizations operating in this field have, inherent in their function of mediating between the people and the professions, powers to influence or control, to stimulate or depress, any or all services, groups and professions. This control is accomplished either directly by the provisions of the contracts, or indirectly by the exclusion of some services and practitioners from the contracts. Such forces can have a decided effect either for better or worse on the quality and quantity of health services that are offered now and in the future.</p> | <p>Third<br/>Party<br/>Involvement</p>   |
| <p>15. Bill 163 directs and permits the carriers, i.e. the third-party organizations, to provide and make payment for specific benefits in a particular manner.</p>   | <p>Bill 163<br/>Directs<br/>Carriers</p> |
| <p>16. However, as it is presently written section 1 (i) of Bill 163 reads ".....is covered for medical or surgical care or services or the cost or a portion thereof when rendered to such resident and his dependents by or under the direction of a physician....". Obviously this excludes all the professions in the health care field except medicine.</p>  | <p>Limitation<br/>of Act</p>             |
| <p>17. It is also noted that under Section 5, Subsection (a) (i) of the Act a carrier must offer for sale and issue contracts concerning specific health services, only to be performed by a physician if the carrier is to carry on business in Ontario or to sell any other form of medical services insurance. In other words the Bill directs carriers to exclude all qualified practitioners except physicians. In effect these provisions instruct the carriers that they must direct the insured public to use the services of physicians, disregarding the public's customary choice of practitioner and ignoring others qualified to perform the services.</p>                                     | <p>Carriers</p>                          |







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| 18. Bill 163 or its successor if enacted will establish a basic pattern for any additional health services to be provided to the public in the future.   | Sets<br>Pattern                                      |
| 19. For these reasons the College recommends that the professions within the health care field should participate, consider and aid in the development of this precedent setting legislation. This would ensure the understanding, cooperation and goodwill that is necessary to maintain and enhance health services which the people of Ontario require for their social, economic and health needs. | Cooperation<br>of<br>Health<br>Professions<br>Needed |
| 20. The College is not in a position to discuss any of the administrative details of the Bill or possible alternatives to the Bill itself for it was not consulted.  | Cannot<br>Discuss<br>Administration                  |
| <u>VISION CARE</u>   |  |
| 21. The College is in a position, however, to discuss the 'refraction benefit' which is part of a "standard medical services insurance contract" as provided for by the proposed Bill. A 'refraction benefit' means a complete ophthalmic examination by a practitioner well trained in testing all visual functions as well as determining evidence of diseased conditions.                           | Refraction<br>Benefits                               |
| 22. The College agrees that vision care is an integral part of a basic health insurance plan and endorses the decision whereby it has been included in Bill 163.   | Vision Care<br>Included in<br>Bill 163               |
| 23. The importance of the sense of sight to the welfare of the individual is well documented. Its relationship to learning in the school child and to the productivity and safety of the adult has long been recognized. Defective vision can adversely affect the comfort, efficiency and well-being of the individual.   | Importance<br>of Vision                              |





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| <p>24. The incidence of vision defects in the population is indicated by the utilization rate of vision care services. It has been shown that 13.2% of the Canadian population receives vision care annually.<sup>3</sup> The average period between visits is just under three years.</p>   | <p>Incidence of<br/>Vision<br/>Problems</p>       |
| <p>25. The importance of providing a 'refraction benefit' is attested to by the large and ever increasing number of "medical care" programs offering this benefit in Ontario.</p>  | <p>Refraction<br/>Benefit —<br/>Ontario Trend</p> |
| <p>26. Bill 163 makes provision for many people in the Province who for varied reasons cannot avail themselves of present prepaid programs — Bill 163, Sections 2, 3 and 4.</p>  | <p>Provision for<br/>Special<br/>Groups</p>       |
| <p>27. It is for these reasons — the importance of vision to the individual's well-being, the prevalence of vision anomalies in the population, the established pattern of its inclusion in existing prepaid programs in Ontario, and the almost total lack of provision of vision care for the indigent and low income population — that the College endorses the decision whereby vision care is included in Bill 163.</p> | <p>Reasons for<br/>Endorsation</p>                |

### OPTOMETRY

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| <p>28. The limitation on the 'refraction benefit' makes Bill 163 fundamentally unsound and discriminatory. The profession of optometry would be seriously affected and, more importantly, while the majority of the public will undoubtedly avail themselves of this plan, they will not be able to receive the vision services for which they have paid.</p> | <p>Effect of<br/>Limitation</p> |
| <p>29. The effect upon the profession is direct and obvious. The effect upon the public who require these services may not appear to be as direct nor as serious. However, the gravity of the situation will become more apparent as the present manner of providing for these services is examined and the needs of the public are considered.</p>           | <p>Impact of<br/>Limitation</p> |





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| <p>30. If such a program comes into effect the entire population of some six and one half million residents of the Province of Ontario will become eligible for coverage under this plan. And as the provision of the 'refraction benefit' now stands in Bill 163 the Legislature would direct carriers to provide for this benefit and make payment for it only when it is provided by a physician.</p>   | <p>Extent of<br/>Population<br/>Involved</p>                                   |
| <p>31. The effect of these provisions upon the optometrist-patient relationship can only be described as completely unacceptable. The College has carefully considered this statement and cannot come to any other conclusion. If the Bill is left in its present form some further changes can be predicted with reasonable certainty. The continued improvement and growth of the profession will be adversely affected. This would lead ultimately to a shortage of duly qualified practitioners, to the detriment of the public welfare.</p> | <p>Adverse<br/>Effect Upon<br/>Availability<br/>of<br/>Vision<br/>Services</p> |
| <p>32. Today in Canada as well as in many other countries of the world the vision services provided to the public are carried out by two groups of practitioners, namely, optometrists and ophthalmologists.</p>   | <p>Professions<br/>Involved</p>  |
| <p>33. There are three times as many optometrists as ophthalmologists in Ontario.<sup>4</sup></p>  | <p>Numbers</p>   |
| <p>34. Optometrists perform some sixty-five percent of the refractions in Ontario.<sup>5</sup></p>   | <p>Services<br/>Performed</p>  |
| <p>35. In addition to the fact that there are more optometrists than ophthalmologists established in practice in this Province it should also be noted that in 60% of the Ontario communities in which optometrists practice, they are the only practitioners available to provide the service.<sup>6</sup> Optometrical services are readily available everywhere in the Province.</p>  | <p>Distribution<br/>of<br/>Practitioners</p>                                   |
| <p>36. Because of numbers, distribution and training, it is evident that vision care services provided for by this Bill or by any prepaid health insurance plan can only be accomplished by the inclusion of optometrists.</p>   | <p>Necessity<br/>for<br/>Optometrists</p>                                      |





37. For the information of the Enquiry the training for optometrists as approved by the Lieutenant-Governor-in-Council under Ontario Regulations 166/63 is defined as follows:

2. "The course of instruction in the College of Optometry shall consist of:

(a) general science courses including Zoology, Optics, Human Anatomy, Physiology, Neurology, Pathology and Psychology;

(b) special science courses including Physiology and Neurology of the Eye, Physiological Optics, Embryology and Comparative Ophthalmology, Optometry;

(c) applied science and clinical courses including,

(i) Mechanical and Applied Optics,

(ii) Personality and Abnormal Psychology,

(iii) Ocular Pathology, Clinical Optometry including Orthoptics, Visual Training, Subnormal Vision, Recognition of Ocular Pathology, Occupational Vision, Aniseikonia, Application of Contact Lenses, Optometrical Praxis and Dispensing;

(d) related subjects including English, Scientific Method, Statistics, Optometrical Research, Industrial and School Surveys, Vision on the Highways, Vision applied to Aviation; and

(e) such other subjects as the Board provides."

The course of instruction at the College of Optometry extends over four academic years.





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| <p>38. At the present time the numbers of optometrists and ophthalmologists who graduate each year do little more than replace the members in each group who are lost through the processes of attrition.<sup>7</sup> In the face of the rapidly increasing population this situation, if it remains unchanged, will lead to serious shortages in the numbers of practitioners needed to provide these vital services. The present Bill 163 with its discriminatory limitations only serves to intensify the problem of attracting and training sufficient numbers of young men and women of academic standing for this profession.</p> | <p>Numbers of<br/>Practitioners<br/>Needed</p> |
| <p>39. It is also clear from this that there is no duplication of services. Sometimes it is suggested that the existence of the two professions, optometry and ophthalmology, results in the duplication of the same service. This has no basis in view of the training and the manner in which these two groups are presently distributed and share the total service. Each is essential and indispensable to the whole.</p>   | <p>No<br/>Duplication</p>                      |
| <p>40. Without the services of the optometrist it can be seen that the public need for 'refraction services' could not be met. The need would not be met at the present time under the Bill and if this situation were allowed to develop, the normal growth of the optometrical profession would be interfered with so that the public, in the future, would have even greater difficulty in obtaining vision care which the majority of the people of Ontario require for their welfare, safety and income. And yet this is the immediate as well as ultimate effect of Bill 163.</p>   | <p>Effect<br/>Upon<br/>Population</p>          |
| <p>41. In addition Bill 163 creates a peculiar and anomalous situation. On the one hand the Legislature for more than forty years has granted certain privileges and responsibilities to the profession of optometry. It has recognized the need for high standards and controls in this particular field of health care for the public welfare. On the other hand, while the Optometry Act establishes the right of practice, Bill 163 ignores the existence of this long established profession and in</p>  | <p>Discrimination</p>                          |





effect takes away this right to perform these services for each and every individual who is covered by the insurance plan provided by the proposed Bill.

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| <p>42. This is in direct contrast to the fact that whenever vision care services have been provided by governments optometrical participation with full professional prerogatives and responsibilities is always included. Municipally, provincially and federally this has been accepted practice. For example, the Corporation of the City of Toronto, Workmen's Compensation Board (Ontario) and Department of Veteran's Affairs all provide freedom of choice when vision care is provided. Similar considerations apply in the United Kingdom under the National Health Services Act. In fact optometrists provide 82% of the vision services performed under that Act.<sup>8</sup></p> | <p>Free Choice<br/>of<br/>Practitioner</p> |
| <p>43. There has also been increasing recognition that optometrical participation in plans provided by private carriers is essential to maintaining the quality and availability of vision care services as well as protecting the rights of the insured and dependents to free choice of practitioner. A growing number of carriers are providing this freedom of choice.</p>   | <p>Rights of the<br/>Insured</p>           |
| <p>44. The importance of this principle of free choice of practitioner has also been established by statutory provision in many jurisdictions. Blue Cross in New Brunswick, and the States of New York, Delaware, Florida, Idaho, Maine, have such statutory provisions.</p>   | <p>Statutory<br/>Provisions</p>            |
| <p>45. The New York Insurance Legislation provides as follows:</p> <p style="padding-left: 40px;">"Notwithstanding any provision of a policy or contract of group accident, group health or group accident and health insurance, whenever such policy or contract provides for reimbursement for any optometric service which is within the lawful scope of practice of a duly licensed optometrist, a subscriber to such</p>  | <p>New York<br/>Statute</p>                |





group accident, group health or group accident and health insurance policy or contract shall be entitled to reimbursement for such service, whether said service is performed by a physician or duly licensed optometrist." 9

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| <p>46. Bill 163 has enunciated the principle of freedom of choice by ensuring that the public shall have the choice of carrier from a multiplicity of carriers. It has also ensured complete freedom of choice of medical practitioner. It would therefore be a complete negation of the spirit and intent of this legislation if it did not also provide complete freedom of choice of legally and academically qualified professions.</p>   | <p>Choice<br/>of<br/>Carrier</p> |
| <p>47. Considerations of cost provide no barrier. As the 'refraction benefit' has already been included, the costs, actuarially based on the incidence of vision problems in the general population and the rate of utilization of these services, are already contained in the estimates. No additional cost, therefore, would be incurred by making available to the public the freedom of choice of practitioners legally qualified and licensed to perform the services already provided for by the Bill.</p> | <p>Costs<br/>No<br/>Barrier</p>  |
| <p>48. The College and its Members would be failing their responsibilities if they did not point out these inequities and the effects that this Bill would have upon the visual welfare of the public.</p>  | <p>Responsibility</p>            |
| <p>49. It is unfortunate that these problems have occurred. They could have been avoided by prior consultation and discussion.</p>  | <p>No Prior<br/>Consultation</p> |
| <p>50. However, the situation does exist and it does require resolution in a way which is mutually acceptable to the professions involved, the Government and the public for whom this legislation has been proposed.</p>   | <p>Required<br/>Resolution</p>   |





## CONCLUSIONS AND RECOMMENDATIONS

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| <p>51. The College would like to reiterate that it endorses, as a minimum requirement, the existing inclusion of a 'refraction benefit' in a "standard 'medical' services insurance" contract.</p>  | <p>Endorses</p>                            |
| <p>52. To provide for the vision care services in Bill 163 it is essential that the Bill be amended in such a manner that the public has free choice and availability of duly qualified and licensed practitioners in the Province of Ontario.</p>  | <p>Amendment<br/>Required</p>              |
| <p>53. Further, the Government is respectfully urged to consult with The College of Optometrists prior to the re-introduction of Bill 163 or its successor in the Legislature of the Province of Ontario.</p>   | <p>Prior<br/>Consultation<br/>Needed</p>   |
| <p>54. These steps are necessary to prevent developments which would lead to the decreasing availability of vision care services and to lowered standards of vision care.</p>   | <p>Lowered<br/>Standards</p>               |
| <p>55. The College would like to thank the Members of this Committee for their efforts and at the same time to make it abundantly clear that The College of Optometrists is ready to cooperate and aid in every way possible to meet the purposes and objectives of Health Services Insurance Plans in the Province of Ontario.</p> | <p>Cooperation<br/>And Aid<br/>Assured</p> |





## REFERENCES

- 1 Register, College of Optometrists of Ontario, 1963
- 2 "A Brief to the Royal Commission on Health Services in Canada Submitted by the Canadian Association of Optometrists." Exhibits Nos. 11 and 15
- 3 Ibid Section G
- 4 "A Brief to the Royal Commission on Health Services in Canada Submitted by the Optometrical Association of Ontario." Par. 33.
- 5 Ibid (2) above. Section B
- 6 Ibid (2) above. Exhibit No. 5
- 7 "A Brief to the Royal Commission on Health Services in Canada Submitted by the College of Optometry of Ontario." Table II  
Also Ibid (2) above. Section B
- 8 Report of Ministry of Health for the Year Ended 31st of December, 1961: Part I The Health and Welfare Services, P.27, London; Her Majesty's Stationery Office
- 9 New York Insurance Law, Section 221, Subsection 5, amended 1962.











